Request for Applications for Targeted Technical Assistance to Build the Business Capacity of Community-Based Aging and Disability Organizations for Integrated Services Partnerships

Purpose

The purpose of this initiative is to provide targeted technical assistance to a second learning collaborative (the first was announced in May 2013) of up to ten (10) "networks" of community-based aging and disability organizations. The intent is to help these networks build their business capacity and align their service capabilities in order to contract with integrated healthcare entities (e.g., accountable care organizations, health plans, managed care organizations, hospitals, health systems, and more) to provide community-based long-term services and supports and/or evidence-based preventive health programs and services. ACL is particularly interested in working with networks that include a diverse mix of organizations that serve people with disabilities and older adults.

Background

The Patient Protection and Affordable Care Act of 2010 (also known as the Affordable Care Act, or the ACA) offers numerous opportunities for states and for health care providers to integrate and coordinate health care and long-term services and supports. The objective is to achieve better quality care and better population health while reducing costs.

- Section 2602 of the ACA established the Federal Coordinated Health Care Office for Duals within the Centers for Medicare & Medicaid Services (CMS), now known as the Medicare-Medicaid Coordination Office (MMCO). Its goals are to "make sure Medicare-Medicaid enrollees [also known as dual eligibles] have full access to seamless, high quality health care and to make the system as cost-effective as possible."[i] As of October 2014, 12 states have signed memoranda of understanding with CMS for demonstrations integrating care and aligning financing for Medicare and Medicaid enrollees through capitated and/or managed fee-for-service models, including community-based and institutional long-term services and supports.[ii]

- Section 3022 of the ACA established the Medicare Shared Savings Program, a three-year program enabling providers of services and supplies for Medicare beneficiaries to work together in accountable care organizations (ACOs). ACOs are "groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to the Medicare patients they serve."[iii] As of May 2014, over 360 ACOs had been formed, serving as many as 5 million Medicare beneficiaries nationwide. [iv]

In addition to the duals' financial alignment initiative discussed above, states are also using other CMS authorities, such as Medicaid Section 1115 demonstration waivers, to implement Medicaid managed long-term services and supports (MLTSS). A 2014 survey of states released by the

National Association of States United for Aging and Disability (NASUAD) showed that 17 states were currently operating MLTSS programs, with an additional 10 states planning to implement such programs.[v]

Implications for Aging and Disability Organizations

The rapid movement toward integrated care has profound implications for community-based aging and disability organizations and the populations they serve. The goals under such integrated systems are to ensure that consumers and their families are aware of their service options, have access to needed services under a person-centered and self-directed plan, and utilize their resources wisely -- areas in which many community-based organizations (CBOs) serving seniors and persons with disabilities have long been engaged. Such integrated care systems create an opportunity for CBOs to contract with these systems to provide services that can address social and functional needs and help improve the health and quality of life of members. Well-organized networks of aging and disability organizations are in a position to better connect many of the services that they already provide, including person-centered planning, care and transitions management, nursing facility transition and diversion, chronic disease self-management and other evidence-based programs, employment supports, mental health services, nutrition, transportation, benefits outreach and enrollment, and more, into "service packages" that integrated care plans and providers can purchase.

Responding to these delivery systems reforms may require organizational changes at many levels. In particular, partnership and network-building among CBOs providing long-term services and supports (LTSS) of all kinds will be critical as integrated care and service systems develop.

Local organizations that serve older adults and people with disabilities, including Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), local developmental disability organizations, mental health providers, and many other community-based organizations have long histories in forging partnerships with other service providers in their areas. However, they may need to expand and formalize such partnerships as health plans and systems look to build their LTSS provider networks.

In order to respond to these opportunities, CBOs may look to form their own community-based integrated care networks, similar to the independent practice associations (IPA) developed by physicians in private practice. Doctors in IPAs continue to own and operate their own practices while the IPA serves as a contracting and management vehicle when it comes to working with health plans. Such associations/networks can provide a critical mass in terms of the types of services offered, expand the geographic reach of any single organization, and offer economies of scale for common core business functions. It is such networks that the Administration for Community Living (ACL) is targeting with this effort.

How ACL Is Helping

As CBOs build networks and respond to these systems changes, ACL recognizes that additional technical assistance resources and learning opportunities related to business capacity may be necessary in order to promote successful partnerships with integrated care entities. ACL has a

long history of convening and facilitating such learning collaboratives, including those targeted toward building business capacity of aging and disability organizations. Examples of past and current efforts include:

- *Business Acumen Learning Collaborative:* In spring 2013, ACL convened its first learning collaborative focused on building the business capacity of nine (9) networks of community-based organizations. Each network had a clear contract goal of entering into one or more contracts with integrated care entities. Networks in the learning collaborative have received targeted technical assistance from ACL, ACL contractors and ACL grantees in areas such as: organizational culture change, market analysis, developing service packages, pricing services, negotiating contracts, and more. Funding from the John A. Hartford Foundation has supported in-person meetings of this collaborative. As of September 2014:
    - Networks had 14 signed contracts with integrated care entities such as health plans, physician practices and health systems;
    - One of the sites secured its own Medicare number and began billing for services rendered to ACO beneficiaries of two large ACOs in their area. The proposed services included care transitions, HCBS, diabetes self-management, and chronic disease self-management;
    - One of the sites created a management services organization (MSO) to serve as the backbone organization/back office (will assist with infrastructure, billing, finance, technology, etc.) to CBOs in their network as well as statewide. [vi]

- *Diabetes Self-Management Training (DSMT) Medicare Reimbursement Project:* Working with our contractor, through one-on-one technical assistance, web materials and webinars, ACL has assisted well over a dozen sites in various phases of the DSMT reimbursement process, including writing business plans, estimating market share, scouting for and successfully negotiating with Medicare partners, pricing services, negotiating fair and profitable distributions of the reimbursements, marketing services and staffing. To date at least 12 sites have achieved accreditation, five or more of which are receiving Medicare reimbursements with others soon to follow.

- *MLTSS Business Capacity:* Since fall 2012, ACL has been funding cooperative agreements with the National Association of Area Agencies on Aging (n4a) and the National Association of States United for Aging and Disability (NASUAD) -- to increase the capacity of state and community-based aging and disability organizations to play leading roles in MLTSS design and delivery in their states. Through these cooperative agreements, the funded organizations provide a variety of forms of technical assistance – broad-based (e.g., webinars, readiness tools), directories of business acumen consultants and one-on-one consultations – to build the business acumen of aging and disability networks. N4a targets community-based aging and disability organizations, including tribal organizations, in its work, while NASUAD focuses on state aging and disability agencies.

Aim of the Collaborative

By joining the collaborative participants commit to the following aims:

- A network will be established and made operational by September 15, 2015.
- At least one financial deal will be made with an integrated care entity by September 15, 2015.

ACL is particularly interested in working with networks that include a diverse mix of organizations that serve people with disabilities and older adults.

Technical Assistance Available

Estimated Number of Networks to be Selected: Up to ten (10)
Anticipated Projected Start Date: January 15, 2015
Estimated Project Length: September 30, 2015

Through this effort, ACL and its partners will work with a learning collaborative of up to 10 community-based coalitions or networks of organizations that serve people with disabilities and older adults seeking to build their business capacity to contract with integrated care entities to provide community-based long-term services and supports. ***No direct funding will be provided through this initiative***; rather, this collaborative will deliver targeted technical assistance through a variety of different means:

- Access to faculty – people who have led successful business development efforts for community-based networks.
- Limited, in-person, onsite consultations with contracted experts,
- Peer-to-peer learning through regular calls, emails, online forums, and two in-person meetings and
- Broad-based learning through webinars and written materials from national experts.

The types of technical assistance delivered will vary depending on the needs and goals of the coalitions/networks we select to be part of this initiative.

Topics that can be addressed by the learning collaborative include (but are not limited to):

- Strategic business planning
- Organizational culture change (including staff qualifications, characteristics, inter-organizational operations)
- Developing and structuring community-based networks
- Pricing and packaging services
- Marketing and sales strategies to integrated care entities
- Communicating and negotiating with health care providers/plans

- Scaling up (e.g., workforce development, cash flow/capital)
- Quality – defining and measuring outcomes, monitoring, setting standards
- Accepting and managing risk
- Information technology strategies.

Sharing and Reporting

Networks selected for this learning collaborative by ACL will be expected to share their experiences, including lessons learned, innovative ideas and practices, and their progress toward achieving their goals, with other members of the collaborative during the course of the project and with the broader field after the project concludes.

Representatives from the networks selected for the collaborative will also be expected to attend two in-person meetings during the course of this effort. Travel and hotel accommodations for a limited number of staff from each network to attend these meetings will be supported by the John A. Hartford Foundation and the SCAN Foundation.

Participants will be asked to submit a short report each month tracking progress on milestones leading to the achievement of aims.

Groups Eligible to Apply for Technical Assistance

Those eligible to request targeted technical assistance through this learning collaborative initiative are ***networks*** comprised of ***two or more*** domestic, public or private non-profit or government-based community-based organizations, including (but not limited to):

- Area Agencies on Aging
- Centers for Independent Living
- Behavioral health organizations
- Developmental disability organizations
- Faith-based organizations
- Native American tribal organizations (American Indian/Alaskan Native/Native Hawaiian)
- Protection and Advocacy Agencies
- Service providers for persons with disabilities and/or older adults
- State-based associations of community-based organizations
- State Developmental Disabilities Councils
- State Independent Living Councils
- State Units on Aging.

Preference will be given to networks that include <u>both</u> aging and disability organizations, especially Area Agencies on Aging and/or Centers for Independent Living. Networks may vary in size depending on the needs of the communities being served. Applicants should think

strategically about network development, including only those partners who are committed to work of this nature, which will advance your network's goals and agenda and speed formation or enhance operations.

Responsiveness Criteria
Due to the limited resources, requests for technical assistance will only be accepted from coalitions/networks that meet the criteria listed below. Those that do not meet the responsiveness criteria outlined below will not be considered.

Coalitions/networks must:

- have a designated lead organization that will serve as the liaison between the coalition/network and ACL;
- target a significant geographic area or population base (of older adults and/or persons with disabilities);
- demonstrate commitment from all partners (including executive leadership and their boards) to participate in this initiative; and
- have one or more business targets (potential contracting organizations).

Screening Criteria
ACL will screen all requests to assure a level playing field. Applications that fail to meet the three screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via email to Lauren.Solkowski@acl.hhs.gov by 11:59 p.m., Eastern Time, **by Monday, December 8, 2014.**
2. The Project Narrative section of the Application must be **double-spaced**, formatted for 8 ½" x 11" plain white paper with **1" margins** on both sides, with a **font size of not less than 11**.
3. **The Project Narrative must not exceed 10 pages**. NOTE: Letters of Commitment, Vitae of Key Personnel, and Organizational Charts (if applicable) **are not counted** as part of the Project Narrative for purposes of the 10-page limit.

Contact person regarding this Announcement:

Lauren Solkowski
U.S. Department of Health and Human Services
Administration for Community Living
Center for Consumer Access and Self-Determination
Washington, D.C. 20201

Phone Number: 202-357-3494
E-mail: Lauren.Solkowski@acl.hhs.gov

Content and Form of Request for Technical Assistance

The Project Narrative is the most important part of the application, since ACL will use it as the primary basis to determine whether or not your project meets the minimum requirements for this initiative. The Project Narrative should provide a clear and concise description of your project and should include the following components:

Summary/Abstract: This section should include a brief - no more than 265 words maximum - description of the proposed project you will work on in the learning collaborative, including your goal(s) and anticipated outcomes.

Organizational Challenge and Opportunity: This section should describe the nature and scope of the issues your network faces when it comes to organizing and providing integrated care.

- Why did your network come together?
- Why do you need the technical assistance that this learning collaborative will provide?

Business Capacities to be Built: This section should provide a clear and concise description of how your network's participation in the learning collaborative will address the situation described in your "Challenge and Opportunity Statement." Specifically, your narrative in this section should answer the following questions:

- What specific challenge(s) or area(s) related to business capacity would your coalition/network like to work on during this initiative?
- What types of integrated care entities will your coalition/network target? (Please include specifics, where possible.)
- How will your coalition/network benefit from participating in this learning network? What major barriers do you anticipate encountering, and how will you seek to overcome those barriers?

Target Population(s) and Target Funding Source: Use this section to identify the target population(s) that your coalition/network will serve. Identify the organizations you will approach to secure funding and the programs authorizing the funding.

Service Package to be Developed: Describe the nature of the integrated program to be developed.

- What types of home and community-based services would your network like to contract for with integrated health entities to provide? (e.g., person-centered planning, care and transitions management, chronic disease self-management and other evidence-based programs, employment supports, mental health services, nutrition, transportation, benefits outreach and enrollment, etc.)

Goal(s)/Outcomes Anticipated: This section should describe your network's long-term vision, and short-term goal(s) and anticipated measureable outcomes of your participation in this

learning collaborative. Goals and outcomes should be concrete, realistic and specific, recognizing the time-limited nature of this technical assistance, and should include, but are not limited to,:

- Short-term and long-term business targets (potential contracting organizations)
- Short-term and long-term organizational outcomes for your network.

Project Management/Organizational Capability/Network Composition: This section should include a clear delineation of the roles and responsibilities of project staff and partner organizations within your coalition/network, and how they will contribute to achieving your goals and outcomes. Specifically, please be sure you answer the following questions:

- Who will be in your coalition/network and why, and what role will each organization play?
- Have you and your partners worked together in the past? In what capacity?
- Who will serve as the liaison for this effort, and interface with ACL and consultants?

In terms of network composition, *ACL is particularly interested in working with networks that include a diverse mix of organizations that serve people with disabilities and older adults*.

If appropriate, include an organizational chart showing the relationship of the organizations within the coalition/network to the lead organization. For the project director only, please attach a short vitae. (Note: Vitae and organizational charts [if applicable] will NOT count towards the 10-page narrative page limit.)

Letters of Commitment from Key Participating Organizations and Agencies: Include letters confirming the commitments the key collaborating organizations and agencies (and their boards) in your coalition/network have made to this effort. *Letters should be specific, and indicate the potential role of the organization in the community-based network.* Signed letters of commitment should be scanned and included as attachments in your email submission of your application. (Note: Letters of commitment will NOT count toward the 10-page limit.)

Submission Dates and Times

The deadline for the submission of technical assistance requests is **Monday, December 8, 2014.** Applications must be submitted by email to Lauren.Solkowski@acl.hhs.gov by 11:59 p.m. Eastern Time, December 8, 2014.

Review and Selection Process

A panel of ACL staff and outside experts will evaluate applications that pass the screening and meet the responsiveness criteria. The Administrator for the Administration for Community Living will make the final decisions as to which coalitions/networks will be selected for inclusion in the learning collaborative. In making these decisions, the Administrator will take into

consideration: recommendations of the review panel; anticipated results; and the likelihood that the proposed project will result in the benefits expected.

Anticipated Announcement Date

We anticipate announcing which coalitions/networks have been accepted into the learning collaborative by January 15, 2015.

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[i] https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index.html

[ii] http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/ApprovedDemonstrationsSignedMOUs.html

[iii] http://innovation.cms.gov/initiatives/ACO/index.html

[iv] http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/PioneersMSSPCombinedFastFacts.pdf

[v] http://www.nasuad.org/sites/nasuad/files/NASUAD%202014%20States%20Rpt%20%28lo%20res%29_0.pdf

[vi] http://www.acl.gov/Programs/CDAP/OPAD/TechnicalAssistance/index.aspx